

Anchor Bay School District Seizure Medical Care Plan

Place
Child's
Picture
Here

Student Name _____ Date _____
Grade _____ Teacher _____

Emergency Contact information (**Please list in order to be called**)

#1 Parent _____
Home Phone _____ Cell Phone _____
Work Phone _____

#2 Parent _____
Home Phone _____ Cell Phone _____
Work Phone _____

Alternate contacts if parents are unavailable. This should be someone familiar with your child's seizure and would be able to advise school staff how to proceed with your child's care in the event that both parents are unavailable during the school day.

#3 Contact - Name _____
Relationship _____
Home Phone _____ Cell Phone _____

#4 Contact - Name _____
Relationship _____
Phone _____ Cell Phone _____

PARENTS PLEASE NOTE:

- Please check all expiration dates on all medications and medical supplies.
- **No expired medications or supplies will be used at school.**
- Any time Diastat is administered, the school will call 911 and then the Emergency contacts in the order listed above until someone is contacted.
- Please be sure to sign the Parent Signature areas of the Medical Care Plan and the Medication Administration forms.

Please have your child's Physician complete this Medical Care Plan and the Medication Administration Request. Please return to your child's school office ASAP.

If you have any questions about the Medical Care Plan or Medication Administration Forms, please contact your school office.

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Significant medical history: _____

SEIZURE INFORMATION:

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

BASIC FIRST AID: CARE & COMFORT: (Please describe basic first aid procedures)

*See Basic Seizure First Aid in box to right.

Basic Seizure First Aid:

- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with child until fully conscious
- ✓ Record seizure in log

For tonic-clonic (grand mal) seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

EMERGENCY RESPONSE:

A "seizure emergency" for this student is defined as:

Seizure Emergency Protocol: (Check all that apply and clarify below)

- Call 911 for transport to hospital for seizure of _____ minutes.
- Notify parent or emergency contact immediately.
- Administer emergency medications as indicated below
- Other _____

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or has diabetes
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication:

DIASTAT Acudial (diazepam rectal gel _____mg rectally prn for seizure > _____minutes.

911 WILL BE CALLED UPON ADMINISTRATION OF DIASTAT.

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO

If YES, Describe magnet use _____

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: (regarding school activities, sports, trips, etc.)

PLAYGROUND ACTIVITIES:

Student may go on playground with minimal supervision and is able to use the following equipment independently:

(Please indicate all playground areas this student may go independently without adult assistance)

- Swings
- Slides
- Climbing playscapes (monkey bars)
- Any other school playground equipment

Any other school activities considerations (Please indicate any activities, sports, school trips, and/or playground equipment this student should be restricted from using independently and/or without direct adult supervision):

Signature of Physician: _____ Date: _____

Physician Name _____

Address _____

City and Zip _____

Phone number _____

Signature of Parent (s)

_____ Date: _____

_____ Date: _____